DEPARTMENT	OF HEALTH AND HUMAN SERVICES
HEALTHCARE	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

		1. TRANSMITTAL NUMBER:		2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL	OF	1 0 1 1		B 41 - I - 1		
STATE PLAN MATERIAL		1 0 - 1 1	TTI E VIV C	Michigan		
FOR: HEALTH CARE FINANCING ADMINISTRATION	'	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL				
		SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR		4. PROPOSED EFFECTIVE DATE		***************************************		
HEALTH FINANCING ADMINISTRATION		October 1, 2010				
DEPARTMENT OF HUMAN SERVICES	ľ	000000000000000000000000000000000000000				
5. TYPE OF PLAN MATERIAL (Check One):						
■ NEW STATE PLAN ■ AMENDMEN	IT TO BE	CONSIDERED AS NEW PLAN		MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AT	N AMEN	IDMENT (Separate Transmittal for ea	ach amend	ment)		
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:				
CHIPRA requirements Section 113	'		733,103.0	nn		
orm recording occion rec			679,180.0)O		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMEN	m: α	9. PAGE NUMBER OF THE SUPER				
Attachment 2.2-A, pages 6 and 25		OR ATTACHMENT (If Applicable)				
Attachment 2.2-A, pages o and 2.0		Attachment 2.2-A, pages 6 and 2				
	'	Audomnom 2.2-A, pages o and 2	.0			
10. SUBJECT OF AMENDMENT:						
revised deemed newborn preprint pages						
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11 00VEDNODIO DEVIENTO: 1 0						
11. GOVERNOR'S REVIEW (Check One):		1				
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	-	OTHER, AS SPECIFIED				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stephen Fitton, Director						
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Coverage and Conditions of Eligibility Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (continued)

1902(e)(4) of the Act

12. Deemed Newborns –

A child born in the United States to a woman who is eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth

42 CFR 435.120 13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

 \underline{X} Aged

X Blind

X Disabled

TN NO.: <u>10-11</u> Approval Date: _____ Effective Date: <u>10/01/2010</u>

Supersedes TN No.: 92-14

Effective Date: <u>10/01/2010</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Coverage and Conditions of Eligibility Groups Covered

C.	Optional Cov	erage	e of	Med	ically Needy (continued)
	1902(e)(4) of the Act	4.	Re	serv	ed
	42 CFR 435.308	5.	X	a.	Financially eligible individuals who are not described in section C.3. above and who are under the age of:
					 X 21 20 19 18 or under age 19 who are full-time students in a secondary school or in the equivalent tlevel of vocational or technical training.
				b.	Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19 or 18 as specified below:
					_ 1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
					 a) In foster homes (and are under the age of). b) In private institutions (and are under the age of).

Approval Date: _____

Supersedes TN No.: 92-02

TN NO.: <u>10-11</u>